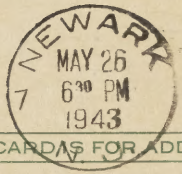

Mr. Percy Simon
71 Crawford St.
Newark, N. J.

5/26/43

M. Watkins - Nk. Eagles Baseball Club

Re:- W. Williams - " " 5/20/43 5/25/43

We are in receipt of notice of accident to the above named employee and note that he is back at work without having suffered such disability as would require consideration under the Compensation Law. This case, therefore, should require no further special attention. If, however, the injured party should be obliged to give up work on account of the accident we should be promptly and fully advised so as to permit of the case being followed up with proper attention. If any medical bills are presented, please refer them to this office.

Yours respectfully,

THE EMPLOYERS' LIABILITY ASSURANCE CORPORATION, LTD.

C521 Rev.

Newark Eagles Baseball Club
(Name of Employer)

71 Crawford St.
(Street Address)

Newark N. Jersey
City or Town)

Date of Accident

Number of Month 5

Day of Month 20

1943 Year

Murry Watkins
(Name of Injured Employee)

(Street Address)

Newark N. Jersey
(City or Town)

30. Did employee lose any time? no

31. Date disability began

32. Is employee able to resume work?

33. If so, on what DATE?

34. State length of disability, weeks ..... days .....

Date of preparing this blank May 24 1943 19

35. Date seven days after accident.
Must be mailed on or before

36. Report received.
Leave this blank

37. If not able to work, give
probable date of recovery

38. Has any permanent injury resulted?
If so, describe fully on back of form

Made out by

If employee is still disabled at the time of preparing FORM "C", fill in names on this supplemental report, detach it and forward same, duly completed, on the SEVENTH DAY after the day of the accident, or on the day the injured returns, if he is able to work before the expiration of seven days. *If employee loses no time*, or has returned to work at time of reporting, fill out FORM "D", but do not detach.

This report of accident is to be prepared in TRIPLICATE. Mail the original (if detached) to the Department of Labor, Compensation Bureau, State Office Building, Trenton, N. J. (carbon copy will not serve). Triplicate copy is to be kept on file by the employer. Duplicate copy is to be sent to

THE EMPLOYERS' LIABILITY ASSURANCE CORPORATION, LTD.
1180 Raymond Boulevard - Raymond-Commerce Building
Newark, N. J.

FORM "D". SUPPLEMENTAL REPORT. For use of insuring employers. When in need of blanks, apply to your insurance carrier.

13856 Rev.